

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: ☒ Initial

☐ Amendment (Explain) _____

Date Stamp REC'D 2013 MAY 22 PM 1:37	CALIFORNIA FORM 501 For Official Use Only
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1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) <u>HERRING, MILTON S.</u>	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ()	E-MAIL (optional)
STREET ADDRESS [REDACTED]	CITY <u>TORRANCE, CA</u>	STATE <u>CA</u>	ZIP CODE <u>90501</u>
OFFICE SOUGHT (POSITION TITLE) <u>Council member</u>	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: <u>TORRANCE</u>	(Name of Jurisdiction)	<u>2014</u>	(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

 (Year of Election) **Primary/general election** (Year of Election) **Special/runoff election**

(Check one box)

☐ I **accept** the voluntary expenditure ceiling for the election stated above.

☐ I **do not accept** the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on: / / and I **accept** the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On / / , I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California

Executed on

May 22, 2013
(month, day, year)

Signature

[REDACTED SIGNATURE]

FPPC Form 501 (Jan/03)
Toll-Free Helpline: 866/ASK-FPPC
866/275-3772